

Amendments to the Specification:

Amend paragraph [0001] as follows:

[0001] This application claims the benefit of U.S. Provisional Application No. 60/552,279, filed March 10, 2004, and is a continuation-in-part of U.S. Application No. 09/910,406, filed July 19, 2001, pending, which claims the benefit of U.S. Provisional Application No. 60/219,128, filed July 19, 2000. This application also claims the benefit of Japanese Application No. 317160 filed October 17, 2000, now pending. These priority documents are incorporated herein by reference in their its entirety.

Amend paragraph [0084] as follows:

[0084] Thus, the invention contemplates, in another aspect, a method of reducing the blood level of IFN- γ in a subject by administering IFN τ to the subject in an amount effective to decrease the subject's IFN- γ blood level relative to the IFN- γ blood level in the absence of IFN τ administration. This method finds use particularly for patients taking an agent that causes an elevated IFN- γ level or for patients suffering from a condition that elevates their IFN- γ levels. Thus, the invention also contemplates a method of preventing an increase in the blood level of IFN- γ in a subject at risk of an elevated IFN- γ blood level due to (i) administration of a therapeutic agent or (ii) a disease condition, by administering IFN τ to the subject in an amount effective to decrease the subject's IFN- γ blood level relative to the IFN- γ blood level in the absence of IFN τ administration. As noted above, treatment of multiple sclerosis with IFN β causes an increase level of IFN γ in patients. Co-administration (simultaneous or sequential administration) of IFN τ will assist in maintaining the IFN γ level at the level prior to treatment. Typically, the amount of IFN τ sufficient to produce such a decrease in subject's IFN- γ blood level is greater than about 5×10^8 U/day, more preferably 0.5×10^9 U/day or more, still more preferably 1×10^9 U/day or more.